

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

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HNEC

STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(First)	(Middle)	TELEPHONE
Rod	s.	808-543-5865
		FAX
		808-532-5864
(State)	(Zip	Code)
HI	96840-0001	
n only if you are employed by a business ent	ity which has been retained to lobby)	TELEPHONE
ompany, Inc.		808-543-5860
		FAX
		808-532-5864
(State)	(Zip	Code)
HI	96840	0-0001
	(State) HI n only if you are employed by a business ento	Rod S. (State) (Zing HI 9684) In only if you are employed by a business entity which has been retained to lobby) Impany, Inc. (State) (Zing HI 9684)

PART II ORGANIZATION		
PART II ORGANIZATION NAME OF ORGANIZATION YOU LOBE	TELEPHONE	
Hawaiian Electric Company	808-543-5860	
MAILING ADDRESS (Street)		FAX
P. O. Box 2750		808-532-5864
(City)	(State)	(Zip Code)
Honolulu	HI	96840-0001
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		ES STATEMENT TELEPHONE
Marcia Wright		808-543-5860
MAILING ADDRESS (Street)		FAX
P. O. Box 2750		808-532-5864
(City)	(State)	(Zip Code)
Honolulu	HI	96840-0001

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
	Agriculture	Education		Human Services	xx	Science, Technology & Economic Development
XX	Communications & Public Utilities	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation
XX	Consumer Protection & Commerce	Hawaiian Affairs	XX	Labor & Employment	XX	Transportation
	Culture, Arts, Historic Preservation	Health	XX	Planning, Land & Water Use Management		Other: (indicate below)
XX	Ecology, Energy Environmental Protection	Housing		Public Safety & Corrections		

PART IV CERTIFICATION OF LOBBYIST

	<u> </u>			
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
(TA)	lah	11/14/05		
3 ((Signature of Lobbyist)	(Date)	,	
0			_	
PART V AUTHORIZAT	TION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTE	D	
Molly M. Egged	•	lest. Secretary		
NAME OF ORGANIZATION (if	applicable)	TELEPHONE		
Hawaiian Electric	Company, Inc.	808-543-7728		
MAILING ADDRESS (Street)		FAX	_	
D 0 D 0750		000 540 5500		
P. O. Box 2750		808-543-7523		
(City)	(State)	(Zip Code)		
Honolulu	HI	96840-0001		
I hereby∖authorize th	e above - named person to en	gage in lobbying activities on behalf of the undersigned.		
In r.	n / W	11/18/05		
(Signature of	f Authorizing Officer or Person Repre	sented) (Date)		